UCSF newsbreak

NEWS FOR THE UCSF CAMPUS COMMUNITY VOL. 13, NO. 20 OCTOBER 2, 1998

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UCSF ushers in integrative medicine

Margaret Chesney, professor of medicine and president of the national Academy of Behavioral Medicine Research, highlighted the future challenges for the Osher Center of Integrative Medicine at its inaugural symposium on Sept. 25. Chesney opened her presentation by saying that UCSF should take a leadership position both locally and nationally as it puts integrative medicine through the rigors of scientific research.

Levy warns against early HIV treatment

BY CORINNA KAARLELA

Treatment with antiviral drugs for HIV infection that begins too early can work against the patient's natural immune system and do more harm than good, says Jay A. Levy, a pioneer AIDS researcher at UCSF.

In a "viewpoint" piece in the Sept. 19 issue of *Lancet*, Levy, a UCSF professor of medicine and one of the first to discover HIV, outlines his concerns about the current strategy advocated by the clinical community for prescribing combination drug therapy, often called the AIDS drug cocktail. Levy's research has focused on natural immune response against the AIDS virus.

The accepted treatment guideline, Levy says, is to begin therapy "as soon as possible and with as large an armamentarium as is available." He emphasizes that his concern is not about the treatment itself but is about the stage at which it is initiated.

"Physicians should carefully consider the time when drug therapy is begun for infected individuals who are past the acute infection phase," he writes. "Until we have a good surrogate marker presaging irreversible damage to the immune system or a means of inducing an anti-HIV immune response, a delay in initiating therapy should be considered."

Jim O. Kahn, associate professor of medicine who works in the UCSF AIDS Program at San Francisco General Hospital Medical Center, says the "best timing to initiate therapy remains unanswered ten years into our treatment experience."

"We still don't have all the assays to answer questions regarding optimal timing; however, treatment to reduce the virus to its

(SEE LEVY ON PAGE 6)

More women but fewer underrepresented minorities enroll in medical school

BY LISA CISNEROS

Record numbers of women are enrolling in the UCSF School of Medicine, but fewer first-year students are underrepresented minorities, according to enrollment data.

UCSF has seen a steady increase of women who apply and who enroll in the medical school during recent years, says Michael Drake, senior associate dean for admission and extramural academic affairs. Women now make up 60 percent of the School of Medicine's first-year class — the most in the history of UCSF.

"Each year we have more women enrolling in medical school than the year before and that mirrors the applicant pool," he says. "I think that we are benefiting from the experience of women who are doing well in science in middle school and high school. Many more women are seeking careers in medicine."

But UCSF's total number of underrepresented minorities, defined by the American Association of Medical Colleges as Mexican-American/Chicanos, African-Americans, American Indians and Puerto Ricans (mainland), has dropped for the third year in a row.

UCSF now has 24 underrepresented students compared to 26 in 1997, the year the ban on affirmative action for admissions to UC's professional schools took effect.

"We didn't see much additional decline [in underrepresented minorities] this year because admissions committees began to modify their policies in 1995-96," explains Drake. "We saw a great drop off in applications and enrollment a couple of years ago."

UCSF enrolled 42 underrepresented students in 1995, when 731 of them applied for admission to the School of Medicine. This year, applications from this population dropped to 464 — the fewest according to enrollment records over the past eight years.

And while the number of underrepresented minorities increased by one to a total of 72 out of a total of 569 first-year students at UC's five medical schools this fall, overall enrollment of these students is down from 96 in 1995 — the year that the UC Regents voted on the affirmative action ban.

Among other enrollment trends:

- UC medical schools report declines among African-American, American Indian and Puerto Rican (mainland) students, although the number of Latinos increased from 39 last fall to 45 this fall.
- The percentage of Caucasians enrolling in UC dropped slightly, although they continue to make up the largest segment — 43.6 percent — of students at the five medical schools. UCSF has 10 percent fewer whites enrolling this fall (41.8 percent) compared to last fall (51.8 percent).
- Asian-American/Pacific Islanders have increased their ranks at UC medical schools for the past three years, making up 37.6 percent of incoming students this year, as compared to 27.9 percent in 1995. This group is the second largest segment of incoming medical students at UCSF — jumping to 36.2 percent in 1998 from 24.1 percent in 1995.

UCSF actually admitted 44 underrepresented minority students — one more than UCLA — in its first-year medical class of 141 students this fall. But only 24 decided to attend. Historically, 65 to 80 percent of the admitted students decide to take UCSF up on its offer, says Drake.

"But that [the enrollment rate] has gone down for many reasons for underrepresented students," Drake says. "One reason is the

(SEE ADMISSIONS ON PAGE 7)

New test to detect prion diseases

BY JENNIFER O'BRIEN

Researchers at UCSF report that they have developed a highly sensitive, rapid technique for detecting the infectious agents that cause prion diseases.

And they expect the assay will ultimately be useful for detecting prions causing "mad cow" disease and Creutzfeldt-Jakob disease in humans.

With automation, researchers say, the tool could be applied to commercial testing of meat, biological and pharmaceutical products.

"This is an extremely exciting scientific breakthrough," says the lead author of the study, Jiri Safar, an associate adjunct professor of neurology at UCSF. "We still have some scientific aspects of the assay to resolve, but we are moving from a scientific discovery to an engineering challenge."

But the significance of the UCSF study, reported in the October issue of *Nature Medicine,* extends beyond the hope for an effective screening tool. For the assay has revealed stunning insights into the nature of the novel, inscrutable pathogen that causes "mad cow" disease, Creutzfeldt-Jakob's disease (CJD) in humans and a variety of other neurodegenerative diseases seen across species and known collectively as spongiform encephalopathies. The findings have given the researchers new direction for exploring the way in which the pathogen, called prion (PREE-on), for proteinaceous infectious particle, functions.

The test tube immunoassay, which so far has been used to detect infection in hamsters, identifies extremely low levels of prion protein — the only known component of the infectious prion — and does so within a matter of eight hours. Researchers believe the design can be adapted for large-scale robotic processing.

By contrast, current detection models, called bioassays, involve inserting suspected infectious tissue into the brains of laboratory animals and observing them for development of the disease. The process takes between 60 to 180 days, and cannot be conducted on a large, commercial scale.

The new technique, conducted in plastic plates, is also expected to prove effective for diagnosing new-variant CJD in living patients. Scientists fear that some 25 people in Great Britain and France may have developed the disease by eating tainted meat in the 1980s.

The University of California has filed a patent on the full technology platform for the immunoassay. Centeon Inc. holds a license granting them exclusive rights to the immunoassay technology.

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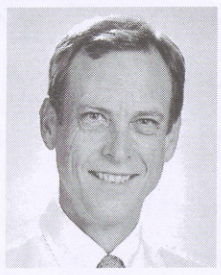
UCSF-Fresno gains accreditation



Blossom

In a landmark event for the UCSF-Fresno Medical Education Program, Associate Dean H. John Blossom announced that the program has received the highest accreditation in its history.

The recently granted accreditation for a full five years, the maximum that is granted, may also mark the first time a program has been accredited in California under stringent new requirements established by the national Accreditation Council for Graduate Medical Education (ACGME), Blossom said.

"This is the culmination of a two-year process and we're very proud of our accomplishments," said Blossom. "First, this marks the first time our program has been fully accredited since it was established in 1975; and second, the commission only recently increased dramatically the stringency of its requirements, making it difficult for even the strongest of programs to receive accreditation."

UCSF-Fresno's mission is to improve the health of all residents of California's central San Joaquin Valley, including its large underserved, diverse population that ranges from Fresno's inner city residents to rural farm workers.

From left, Sease, Calhoun and Fitzgerald

UCSF's website wins national award

Judges of the 1998 University & College Designers Association (UCDA) have selected UCSF's main website as one of the best among nearly 1,100 entries in the annual design competition.

The UCSF Public Affairs department unveiled its totally revamped website, located at www.ucsf.edu, in May following a six-month overhaul and redesign.

Produced and maintained by University Publications, the website is part of a revitalization plan for communications, a process directed by Jeff Miller.

Among those who played key roles in campus digital makeover are Martha Fitzgerald, senior designer, Robin Sease, new media manager, and Aaron Calhoun, web programmer.

Awards were presented at the 1998 UCDA Design Show in New Orleans last weekend.

UC raises record $754 million in 1997-98

The University of California for the fourth consecutive year raised a new record, $754.5 million in contributions from alumni and donors in 1997-98, a 4 percent increase from the previous year.

The milestone continues the UC system's distinction as the leader in philanthropy among the nation's colleges and universities. UCSF received $125 million last fiscal year, placing it third behind UCLA and UC Berkeley.

"The University has a tradition of improving our lives through its missions of teaching, research and public service," said UC President Richard C. Atkinson. "Private giving helps ensure that this tradition will continue."

UC ranks third nationally, behind the Salvation Army and the American Red Cross, based on the Chronicle of Philanthropy's 1997 Philanthropy 400.

Private support to the nine-campus UC has grown dramatically over the past decade, more than doubling from about $300 million in 1987-88. Cumulatively, the University has received $5.3 billion during that 10-year period.

New scholarships for disadvantaged students

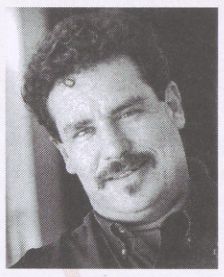
The University of California will provide additional incentive for disadvantaged students to excel academically at UC "partnership schools."

UC will grant annual scholarships of $5,000 to disadvantaged students who excel academically at a UC partnership school and enroll at the partner UC campus through the Partnership Opportunity Scholarship Program.

The university is establishing partnerships with 50 state high schools that are educationally disadvantaged because of limited availability of college preparatory courses or low college-going rates among their graduates. UC also will name partner schools based on their potential for improvement and willingness to participate in collaborative efforts with other organizations including community colleges and private industry.

"This scholarship sends a clear message to disadvantaged students that the Regents and the University of California will recognize, reward and enroll those students who overcome significant obstacles and make the most of their educational opportunities," said UC President Richard C. Atkinson at the UC Regents meeting last month.

honors & awards



Boettcher

Andrew Boettcher, senior artist, University Publications: Selected a winner of the Association of American Medical Colleges' (AAMC) Award of Excellence for a single/special publication. Boettcher's entry, the UCSF AIDS Research Institute brochure, received the highest level of recognition among award winners. He will be recognized at the AAMC annual awards reception in New Orleans this month.

Lynn E. Ponton, professor of psychiatry, Langley Porter Psychiatric Institute, director, Child and Adolescent Consultation Liaison Service at UCSF: Elected to the position of Councillor-at-Large, American Academy of Child and Adolescent Psychiatry.

Carmen Portillo, associate professor, department of Community Health Systems, School of Nursing: Inducted into the Fellowship of American Academy of Nursing and has been named president for the National Association of Hispanic Nurses, which is the only national organization that represents Hispanic nurses.

Peter Walter, professor and vice chair, department of biochemistry & biophysics and Howard Hughes Medical Institute investigator: Elected to Fellowship of the American Academy of Microbiology, the only honorific leadership group devoted entirely to microbiologists and the science of microbiology. More than 1,300 academy fellows from more than 27 countries have been elected and each has demonstrated scientific excellence, originality, leadership, high ethical standards and scholarly and creative achievement.

Walter's laboratory has centered on two fundamental questions in cell biology: 1) How do proteins become properly localized within a cell? Protein sorting is essential to establish and maintain order and compartmentalization in all living cells. 2) How do eukaryotic cells regulate the abundance of their organelles? Intracellular regulatory pathways that control organelle growth and turnover must be crucial to maintain organelles in proper amounts at homeostasis and to become specialized during differentiation.

Editor's note:

UCSF faculty, staff and students are invited to submit information about their honors and awards to Lisa Cisneros by email to cisnero@itsa.ucsf.edu or by fax to 476-3541. A photo is desirable and will be returned after publication.

UCSF NEWSBREAK

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Koda-Kimble: The road from Dos Palos to dean

In pursuit of professional passions

BY LISA CISNEROS

Raised in the small Central Valley farming town of Dos Palos, Mary Anne Koda-Kimble never dreamed she would become a professor much less dean of the School of Pharmacy at UC San Francisco.

For her, the choice was part power of suggestion.

"A high school counselor who thought I had some aptitude in science suggested the field to me," Koda-Kimble recalls.

And after a local pharmacist gave her the chance to work in his drugstore, Koda-Kimble set off on a career path that led to UCSF, "an environment that has provided [her] with unimaginable opportunities."

Koda-Kimble has paid her dues to make the once unimagined a reality; and in so doing, has become the first woman to head the School of Pharmacy in its 126-year history.

> Mary Anne Koda-Kimble brings the leadership and innovation necessary to help the school and the campus continue to grow and succeed.

Koda-Kimble is herself a product of UCSF — she was one of the top students in her class to earn a doctor of pharmacy degree in 1969. Since joining the UCSF faculty a year later, she has served in a number of leadership roles prior to being named dean last month.

Today, Koda-Kimble is considered a national leader in pharmacy education and clinical practice. She has received numerous teaching and practice awards over the years, most recently being named an inaugural inductee to the California Pharmacists Hall of Fame last year. She frequently speaks before national and international groups and has authored many publications, including a textbook widely used in pharmacy schools throughout the world.

At UCSF, she is described by her colleagues as a visionary who is wise, "doggedly determined" and refreshingly candid. They say Koda-Kimble is well qualified to lead the School of Pharmacy, the first of its kind established by pioneers in the West and the tenth in the US. As one senior faculty woman puts it, Koda-Kimble's appointment as dean "will change the dynamics of the campus" for the better.

Says Chancellor Mike Bishop, "The School of Pharmacy plays a vital role in making UCSF the nation's leading health sciences campus, and Mary Anne Koda-Kimble brings the leadership and innovation necessary to help the school and the campus continue to grow and succeed."

Koda-Kimble soon will announce new members and new roles for those now on the School's leadership team as the first step in developing a master plan for the School of Pharmacy.

Q: *Why did you join the faculty at UCSF?*

A: I became enamored with the concept of "clinical pharmacy" as a student and actively pursued employment at UCSF as one of the first clinicians in the early 70s. In those days, many of us were idealists who were trying to figure out how pharmacists could contribute more meaningfully to patient care. As we were struggling with role development, we began to bring students along and were given volunteer faculty appointments. Many of us became actively involved in curricular reform because we noted that pharmacy students had difficulty applying their knowledge of chemistry, drug dosage forms, pharmacokinetics, and pharmacology to the treatment of patients. Eventually, this led to a new course in therapeutics and a therapeutics text that is presented in a case format. Ultimately, my employment was transferred out of the Medical Center to the School of Pharmacy and I became a member of the clinical faculty.

Q: *What were some of your impressions of women faculty in 1970 and how has your point of view changed?*

A: I could be wrong, but I believe I was the sole woman on the faculty in those days, and I don't remember interacting with women faculty in other schools. Oddly enough, I barely noticed that I was a lone woman — I was too engaged in the work of promoting and teaching this new clinical pharmacy concept. I do recall that one had to be a "superwoman" in the late 70s when I had my first child. Because I did not want to be "written off," I returned to work within a week of delivery and tried to nurse at the same time. One of the great pleasures of holding a management position has been my ability to support women (and men) during their childbearing and childrearing years. Today, there are several women on campus who are doing good science and making prominent contributions to the academic mission of UCSF. Nevertheless, there are not many women in leadership positions (e.g., department chairs) and many women faculty on campus do not hold precious tenured positions. As more women are hired into junior positions, it will be important to provide meaningful mentorship by both men and women faculty.

Q: *How would you describe your road to the deanship?*

A: In a word, unexpected. Just as I never sought a position as a professor, I have never actively considered seeking a position as dean. As a matter of fact, I have been invited to apply for these positions at other institutions and have turned the opportunities down. It always seemed to me that the dean's role was steeped in politics and far removed from the teaching and patient care — the activities that bring meaning to my life. I believe that opportunities within the University have come my way because I always strive for excellence in the responsibilities I hold at the moment. Thus, I moved from a full-time clinician to a clinician/educator to vice chair for academic affairs to associate dean for student affairs, then chair of the department of clinical pharmacy to dean. Each of these responsibilities gave me insight into a different aspect of University life and allowed me to develop the management and leadership skills I will need for this position. Because I have been here so long, I have developed many staff and faculty friends throughout the campus, who I often call on for advice and support.

Q: *What do you think are the most important changes in the practice of clinical pharmacy today?*

A: The concept of clinical pharmacy has been well accepted and integrated into pharmaceutical services in most hospitals and in several health maintenance organizations. However, with some notable exceptions, we have failed to incorporate clinical practices into community pharmacies where most patients receive their care. There are many reasons for this, but pharmacists point to a lack of access to medical data, insufficient time, and a reimbursement system that is based on the product rather than the service. These reasons may be real, but the public pays the price in terms of preventable adverse drug reactions, drug interactions and drug-disease interactions. Costs of total health care are also likely to be increased by therapeutic failures caused by inappropriate use of medications because patients do not fully understand their therapy. We have increasing evidence that focused education by a pharmacist in the community can improve outcomes. One of our greatest challenges will be to convince business leaders and payers that pharmaceutical care will improve the public's quality of life, while diminishing total costs of health care over the long run.

Mary Anne Koda-Kimble

Q: *As dean, you plan "to create new programs that will attract the resources the School needs to take advantage" of opportunities like the creation of UCSF Stanford Health Care and development of the Mission Bay campus. Can you elaborate?*

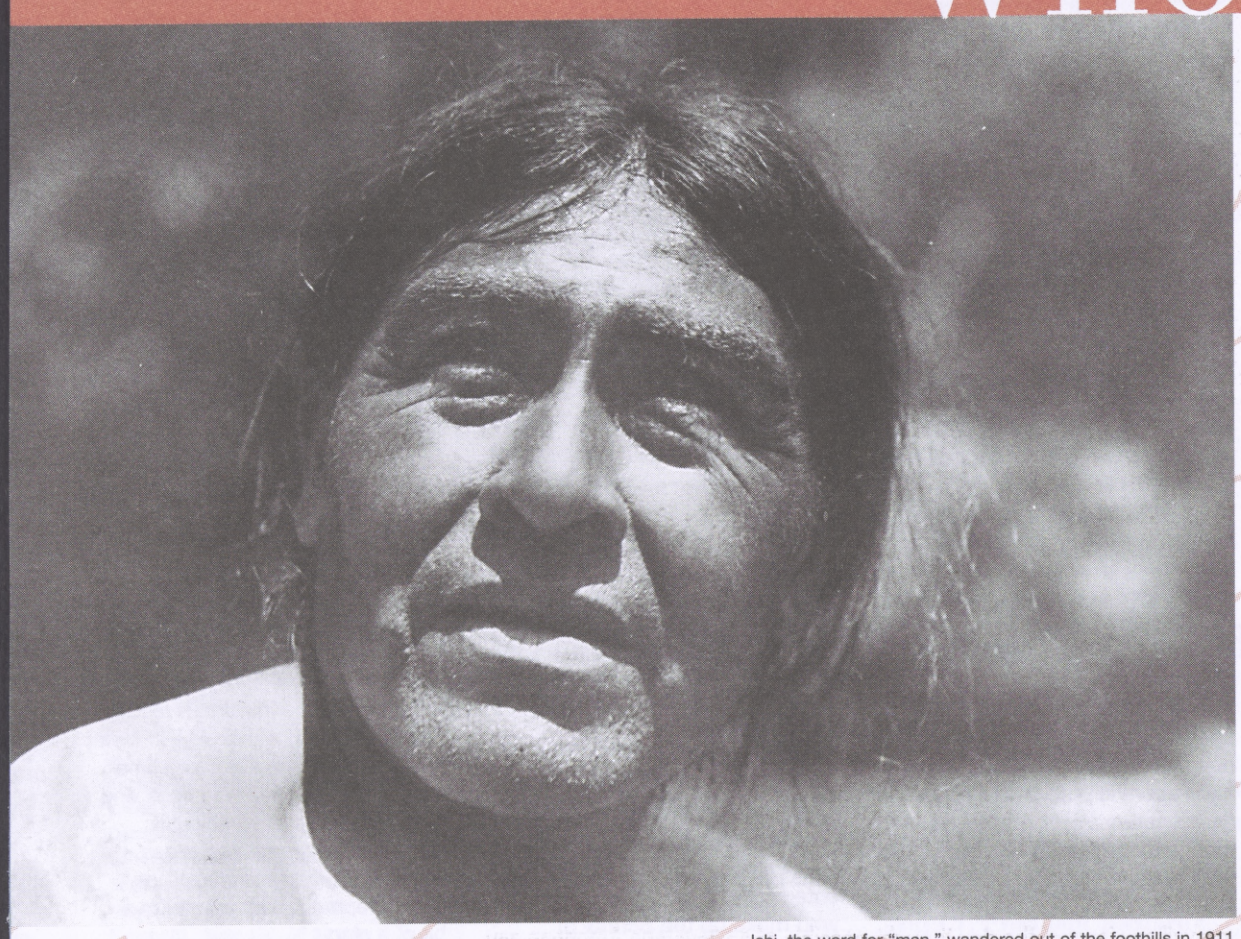
A: I am fortunate to be working with tremendously bright and talented faculty, students and staff who make up the School of Pharmacy. When I talk about "programs," I mean marshaling and packaging the School's expertise in a way that articulates a clear research, practice and educational vision. Clearly, the School is a small part of a greater whole and we must collaborate with other schools and departments on campus. Although the faculty will ultimately establish a new program direction, some examples we could consider are pharmacogenetics, bioinformatics and pharmaceutical technology — areas where the School can take a lead. As consumers take on more responsibility for self care, we are also considering a programmatic focus on nonprescription remedies. From an educational perspective, we will be implementing a new curriculum this year that will give students the opportunity to focus on one of three tracks toward the conclusion of their professional program. We will also be experimenting with the use of technology in professional and postgraduate education.

Q: *How do you spend your leisure time? How do you balance your family and your career?*

A: It is difficult to find "free time," but I try to catch snippets here and there. I have spent the last two decades raising three children with my husband, who has been very supportive of my work schedule at UCSF. He has literally made it possible for me to pursue my professional passions. Family and good friends are important to me and I spend any spare time in their company — generally over some very good food. I love to cook and garden and I read voraciously: novels, papers and magazines. I am trying to add exercise to my schedule, but I must admit I'm a bit of a slug.

For me, balance is a mythical concept and a state of mind. It is coming to terms with what you can reasonably expect of yourself because you know what could be accomplished if you could devote unlimited time to your work. For me, my work and family are intertwined because both energize me and give me great pleasure; the times I spend away from the pressures of work give me context and perspective and reinforce my values. It is also important to recognize that there are times when your family or other personal issues must take precedence over work. Thus, the metaphor is more like a see-saw, moving easily back and forth with moments of time when all life's elements are in perfect balance.

Who was Ishi?



Ishi, the word for "man," wandered out of the foothills in 1911.

Alfred Kroeber, left, with Ishi.

A source of surprise, humility and humanity

BY JEFF MILLER

UCSF history is rich with legendary scientists, nurses and physicians, but perhaps its most famous — if still enigmatic citizen — was a California Indian named Ishi.

For those unfamiliar with his story, it may seem oddly incongruent that a starving survivor of a small tribe near Mt. Lassen — who had spent half a century hiding from white people — would spend the last five years of his life living in a museum on Parnassus Heights. Yet from the moment he stumbled out of the foothills near Oroville in 1911until his death from tuberculosis in 1916, Ishi was a continuous source of surprise, humility and humanity. And while modern anthropological analysis suggests that he may not have been "last of the Yahi" after all, who he was may make him an even more powerful and poignant symbol of ethnic cleansing, 19th-century style.

None of this was obvious when the most popular and somewhat romanticized tales of Ishi were published in 1961 *(Ishi in Two Worlds)* and 1964 *(Ishi, Last of His Tribe)* by Theodora Kroeber, widow of Alfred Kroeber, chair of the department of anthropology and curator of the Museum of Anthropology and Ethnology at UCSF, known as the Affiliated Colleges in Ishi's time. It was Alfred Kroeber who agreed to take charge of what newspapers of the day called "the last primordial man." Kroeber also was one of three white people, together with UC surgeon Saxton Pope and anthropologist Thomas Waterman, with whom Ishi formed the closest bonds.

Theodora Kroeber, who acknowledged her fascination with all things Indian, appears to have been mesmerized by the experience. Writing 50 years after Ishi's sudden appearance in the white world, she characterized him as a noble and innocent survivor of white massacres, even going so far as to reveal his inner thoughts and write dialogue with long-dead family members.

Given that Ishi's English never exceeded several hundred words and phrases and that he was reticent to provide important details about his life — Ishi, which means "man" in Yahi, never revealed his real name, for example — Kroeber's recreation seems somewhat fanciful, if well-intentioned. Cultural biases, such as those expressed below by another anthropologist, Thomas Waterman, who spent considerable time with Ishi, reveal how difficult it is to disentangle fact from presumption.

"Aeroplanes, by the way, he took quite philosophically. We took him to Golden Gate Park to see Harry Fowler start to fly across the continent. When the plane was trundled out and the engine started, the Indian was surprised and amused at the uproar it created.... [When we later said that the white man was up in the sky] he laughed a bit, apparently at the white man's funny ways, and let it pass. Either he was ready to expect

The Affiliated Colleges opened on Parnassus Heights in 1898. From left, dentistry and pharmacy, the hospital and the museum.

> Far from being the last of the Yahi, Ishi may have been one of the first offspring of what were once native enemies.

anything by that time, or else his amazement was too deep for any outward expression. Like most other 'nature people' he was inclined to preserve his dignity in the face of the unfamiliar or the overwhelming, giving very little sign. Under equivalent stimulation of course, the paleface dances about and squeals."

What facts are known about Ishi's world are brutally plain. California's Indian tribes were numerous, but usually small, living in relative isolation for thousands of years. Ishi's tribe, thought to be the Yahi, lived in a region east of present-day Redding and Red Bluff and north of Oroville. As part of the larger Yana nation, the Yahi probably never exceeded more than several thousand members. The flood of white settlers that swept over California during the Gold Rush pushed these and other native peoples aside and introduced a raft of infectious diseases that decimated thousands. Those who survived to protest the intrusion often were killed, put on reservations or enslaved. And those who attacked whites were hunted down in reprisal raids. Indeed, it was just such a raid and ensuing slaughter of Yahi at Mill Creek in 1865 that seems to have precipitated the retreat of Ishi's family group into the dense thickets and lava cliffs of Deer Canyon, southwest of Mt. Lassen.

What happened next has been pieced together from "wild Indian" sightings east of the Sacramento Valley, linguistic and other anthropological evidence, and Ishi's fragmentary description of his day-to-day life. Death and capture continued to shrink the core group of Yahi through the late 1800s. As the survivors retreated deeper into the wilderness, they became masters of concealment, preserving and adapting traditions to what became a daily struggle for food and winter stores. In 1908, surveyors stumbled into their camp in Deer Canyon. Two Indians fled, while another, an old woman who was partially paralyzed, lay under blankets. After giving her water and taking from the camp "souvenirs," such as furs, ropes, baskets, skins, bows and arrows, the surveyors left. When they returned to the campsite the next day, the old woman was gone. Ishi does not seem to have been part of this campsite encounter, although the day before, he may have been the Indian seen on nearby Sulphur Creek trying to spear fish — and the one who fired an arrow at one of the men who came back to investigate.

The discovery of the campsite seems to have had a calamitous effect on the four Yahi. In three years, perhaps less, all were dead save Ishi. The details of their demise are unclear, just as is the amount of time he spent alone before revealing himself to an astonished world. Why did he do it? Was it hunger? Loneliness? The desperate act of a mournful man who no longer cared about his fate? Theodora Kroeber imagined that once completely alone, Ishi's world was too empty to endure and that his trek was actually akin to a "death march" that would reunite him with his ancestors.

It is this question and many others that continue to nag at the compelling mythology that observers, both trained and otherwise, spun tight around the "rescued" Indian in their midst. Only recently, for example, did an analysis of Ishi-fashioned arrowpoints by Steven Shackley, a research archaeologist at the Hearst Museum of Anthropology, suggest that Ishi was likely of mixed Indian ancestry. Far from being the last of the Yahi, Ishi may have been one of the first offspring of what were once native enemies.

The most likely candidates appear to be Indians of the Sacramento Valley, primarily Wintu and Nomlaki. These tribes produced blades with long concave bases and side notches, similar in shape and style to Ishi's handiwork. Arrowheads from historic Yahi sites are short and squat, with contracting stems and basal notches. It seems then that as the onslaught of whites proceeded up the river valleys of the Mt. Lassen foothills, these tribes were forced to intermarry to survive. If true, Ishi, who never spoke of his ancestors because of his religious beliefs, would be the ultimate survivor, adapting to environments with more subtlety and skill than the prevailing views of the day thought possible of an "average American savage." To be fair, the anthropologists at the Affiliated Colleges and the nurses at the nearby UC Hospital, with whom he seemed to share an easy camaraderie, were full of praise for his manner, the perfect form and symmetry of his handmade tools, hunting devices and weapons, and the readiness to accept his fate without complaint. But this respect for Ishi's character and cooperation did not always extend to his person. Why else would the anthropologists make plaster casts of Ishi's feet — perfect, for want of shoes, as God intended?

It is this hint of exploitation, albeit unlike anything we could envision were another Ishi to arrive on the scene today, that tugs at the conscience. True, there are no action figures, no Ishi T-shirts, no commercials using his recordings of Yana songs. But the memory of a man giving Sunday audiences to curious and well-connected San Franciscans, while surrounded by artifacts of obliterated Indian cultures, is painfully and sadly ironic. Yet even that is an unbalanced perspective. Ishi was not a captive. He walked freely and widely, rode trolley cars and even attended the opera. He also led his anthropologist friends back to Deer Canyon in 1914 and once there, gave them a privileged view of everything from his hunting methods to his cliff-climbing prowess.

A year later, he contracted tuberculosis. And during his last days in a specially built room behind the museum, he watched with obvious fascination as workers began construction on what now is called "Old" UC Hospital (soon to be torn down). Ishi died on March 25, 1916 and was cremated along with a bow, five arrows and other personal treasures. The Anthropology Museum moved to Berkeley in 1931 and over time expanded into the Hearst Museum of today. Although Ishi-crafted artifacts were occasionally put on display, it was only after Theodora Kroeber's two books were published in the 1960s that the Ishi tale revived. Since that time there have been both documentaries and simmering disagreements about Ishi's years among the people he called the saltu. Another installment in that long debate about Indians and archaeology will be aired on A&E sometime this spring. Yet whatever is said or argued about cannot alter the simple assessment of a Sioux Indian, who after meeting Ishi at Wild Bill Hickock's "Wild West Show" rolled some of Ishi's hair between his fingers. In perfect English, the man from the American Plains said about his California cousin, "He is a very high grade of Indian." Who are we to disagree?

research roundup

Study represents gene therapy breakthrough

A study co-authored by UCSF researchers offers the first evidence that a gene therapy technique involving ribozymes, molecules that disrupt protein production, can be used to slow neurodegeneration in an animal model.

The finding represents an important breakthrough in the still fledgling field of gene therapy, which has been particularly challenged by disorders caused by abnormal, or mutant, proteins, so-called autosomal dominant diseases, says Matthew M. LaVail, a professor of anatomy and ophthalmology at UCSF.

In the study conducted in rats, researchers demonstrated that ribozymes could be used to reduce the production of a faulty gene product that leads to the degeneration of light-sensitive rod cells in the eye. The degeneration occurs in association with autosomal dominant retinitis pigmentosa, an untreatable condition of progressive blindness.

The finding could potentially also be used to treat other diseases resulting from a destructive protein, including some forms of glaucoma, Huntington's disease, amyotrophic lateral sclerosis (ALS) and Warfan's syndrome, he says.

Researchers have been virtually foiled in their attempts to create a gene therapy technique for diseases in which one of the two copies of a gene produces a protein that is actually destructive, as is the case with autosomal dominant diseases.

"That's what makes this study particularly exciting," says LaVail. "The research community has been really stumped when it comes to developing gene therapy techniques that will destroy faulty gene products to a clinically relevant degree. Scientists have thought that ribozymes would prove to be an effective approach, and our study establishes that they are."

— *Jennifer O'Brien*

Carpal tunnel syndrome study may net new treatments

After developing a new animal model to study carpal tunnel syndrome, UCSF researchers have shown high pressure to this area in the wrist damages the structure as well as decreases nerve activity.

"This is the first reported animal model to show the effects of increased pressure within the carpal tunnel," says Edward Diao, UCSF assistant professor and chief, hand and microvascular surgery, department of orthopaedic surgery. "This model may help us determine how much pressure to the carpal tunnel is too much for humans and further allow us to develop and test treatments for carpal tunnel syndrome."

The carpal tunnel is the space in the wrist where a major nerve, the median nerve, resides. The median nerve is vulnerable to injury, especially when subjected to compression or pressure, which results in pain, numbness or tingling to the fingers. This syndrome may result from repetitive activity of the hands or heavy lifting, Diao says.

Future studies with this model conducted in rabbits, he adds, will also look at reversing carpal tunnel syndrome.

— *Lordelyn P. del Rosario*

Marijuana-like drug may ease pain

BY JENNIFER O'BRIEN

Researchers at UCSF have shown in rats that a synthetic drug that mimics the principal active ingredient in marijuana has an effect similar to that of morphine on an area of the brain that modulates pain.

The finding raises the possibility that marijuana-like drugs could be used to treat pain, says Ian Meng, a postdoctoral fellow in the laboratory of Howard Fields, a professor of neurology and physiology and a research scientist in the W.M. Keck Foundation Center for Integrative Neuroscience at UCSF.

While opioids such as morphine provide strong analgesic effects for many types of pain, they produce side effects such as nausea and respiratory depression. In contrast, marijuana, a type of cannabinoid drug, actually increases appetite. In the future, says Meng, it may be possible to use a lower dose of opioids if they are used in combination with a cannabinoid, producing fewer side effects and increasing the pain-relieving effects.

The researchers focused their study on a region of the brain known as the rostral ventromedial medulla (RVM) which modulates pain by either increasing or decreasing the amount of pain signals that pass through the spinal cord. They tested the effects of the synthetic cannabinoid, WIN555, 212-2, on this region by measuring the time it took for rats to move their tails away from a heat source.

In the first experiment, rats that were given cannabinoid kept their tails on the heat source much longer than rats that were not given the drug, indicating the drug reduced pain. However, after the researchers shut down the RVM, rats that were given the drug no longer demonstrated insensitivity to pain, moving their tails from the heat source as quickly as the rats who had not received the drug. The test demonstrated that the RVM was critical for producing the pain-relieving effects of cannabinoids.

Since cannabinoids also produce a loss of motor coordination, the researchers had to test the hypothesis that turning off the RVM simply reversed the motor deficits and not the analgesic effects of the cannabinoid drug. To test this possibility, they gave the rats a motor coordination test called the retard treadmill, in which the rats are placed on a rod and the time that it takes for them to fall off is measured. Rats that received the drug showed a severe loss of motor coordination. However, after the RVN was shut down, a condition that reversed the analgesic effects, rats continued to show a loss of motor coordination.

"This experiment demonstrates that the rats given the cannabinoid did not leave their tails on the heat source simply because they had lost their motor coordination," says Meng. "The cannabinoid is also having an analgesic effect."

Helmet law makes sense, study finds

The state law that requires motorcycle drivers to wear helmets cut medical costs by 35 percent during its first two years, primarily by reducing the number of head injuries, a new UCSF study has found.

Medical costs, including hospitalizations, emergency department care and rehabilitation, for motorcycle accident-related injuries were $35 million less in 1993 than 1991.

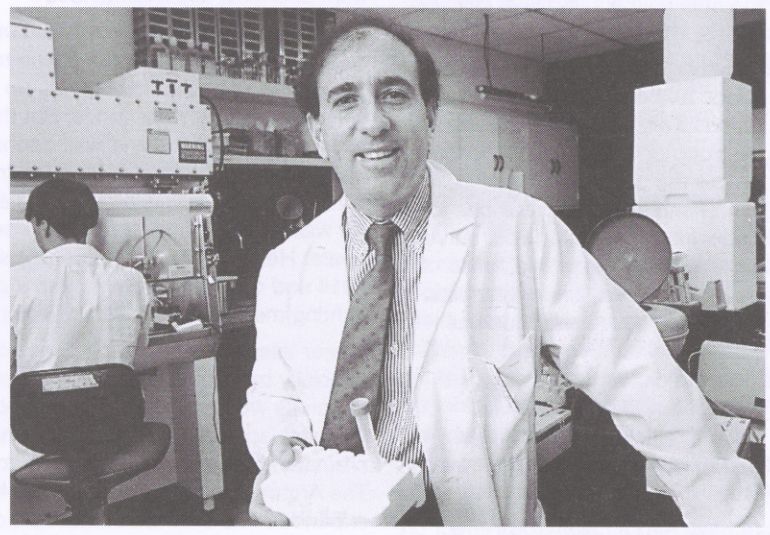
The law, which went into effect on Jan. 1, 1992, still faces opposition from motorcyclists who want to choose whether to wear helmets.

However, the UCSF study — which marks the first time researchers have taken a statewide look at the law's fiscal impact — shows the law clearly makes economic sense, researchers said.

"The helmet law has definitely saved the state quite a bit of money," says Wendy Max, UCSF professor of medical economics, associate director of UCSF's Institute for Health and Aging. "For economic reasons, the helmet law is a success."

Costs decreased for all parties that pay for injury-related costs, including the state and private insurance companies, the study found. There were significant savings for California taxpayers, who have carried much of the economic burden for motorcycle crashes as fewer than half of hospitalized motorcyclists have private insurance.

–Diana Marszalek



Jay Levy

(LEVY FROM PAGE 1)

lowest limits is still the goal for clinicians and we should not delay treatment until people have severely compromised immune systems," he says.

In Levy's view, he writes, "treatment with antiviral drugs starts the clock ticking too soon, limiting future options and making therapy a necessity for the lifetime of the person."

"Any decision to stop the drugs could only be made if one had assurances that all infected cells had been eliminated – now an unlikely event – or the immune system has recovered sufficiently to control HIV," he adds.

Levy supports therapy during acute or primary infection, noting that "within days after the virus enters the body, a major benefit to the newly infected individual can be provided by lowering the viral load dramatically and perhaps even arresting the establishment of HIV infection."

His great concern, he notes, is administration of drugs to persons who have been infected for several months or years. Many people may be without symptoms and in good health, but as soon as an HIV-positive diagnosis is made, they are usually placed on therapy immediately, he explains.

In Levy's view, current drug regimens should be prescribed only for patients who show symptoms of HIV infection or whose CD-4 cell counts have dropped substantially. CD-4 cells, also called T helper cells, coordinate the overall action of the human immune system. They are the primary target of HIV and when they succumb to infection, the stage is set for the opportunistic infections that cause AIDS.

He suggests starting treatment only after the CD-4 cell count falls below 400 and the viral load is above a level of 30,000 copies of viral genetic material per milliliter of blood on two separate tests. "Administering drugs at this selected time seems the best strategy because the virus can be controlled and the immune system can recover...," he writes.

He adds that instead of subjecting infected people to antiviral therapy early – when it is not needed because the immune system is functioning, when therapy requires strict adherence or drug resistance will take place, and when drugs can be harmful – a delay can provide an interval of several years in which immune cells can control the virus and selection of resistant mutants can be avoided.

Fulfilling his life-long dream

BY LISA CISNEROS

Staring down the barrel of a gun wielded by a robber in the dark of the night is an experience one never forgets.

"I was about five minutes from my house playing basketball with my friends when we were approached by a man with a gun," recalls Mark Ancheta, a second-year medical student. "We got down on our faces. It was the scariest thing. That was the first time I realized how dangerous Highland Park was and I remember thinking, all my hard work to get to college could not end here."

Ancheta's life was not cut short on the cold concrete courtyard.

In fact, despite being raised among gangs, violence, racism and drug abuse in his hometown just outside Los Angeles, Ancheta has excelled. Today, he's on his way to fulfilling his life-long dream of becoming a physician.

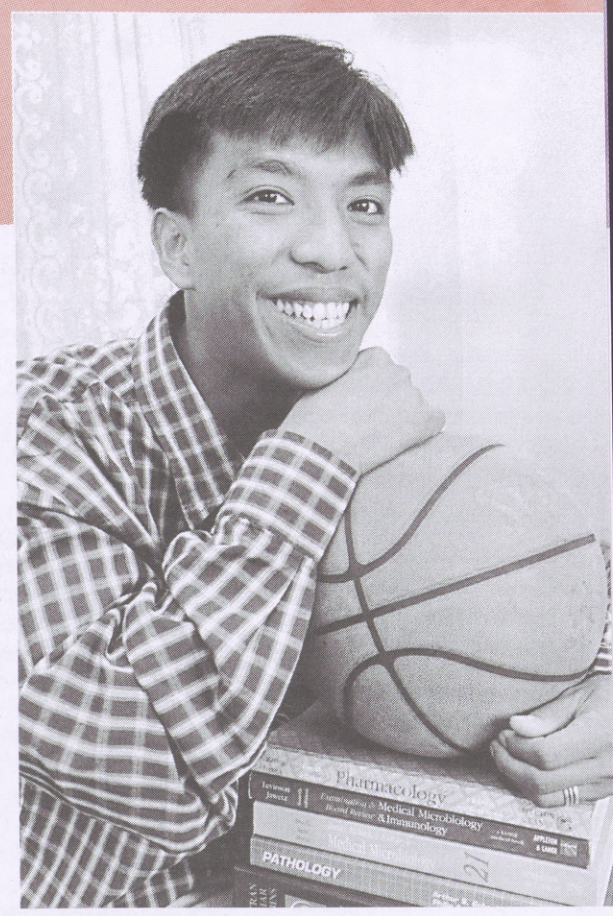
Last week, he celebrated his 24th birthday and was honored as the recipient of the Dr. Edilberto Antonio Rodriguez Award. Named after an exemplary physician whose own life was abruptly terminated by cancer, the award is presented annually to the medical student who best exemplifies the will to overcome adversity, the strength to provide compassionate care to the needy and the moral and professional standards to inspire others.

His anatomy instructor, Sexton Sutherland, describes Ancheta as a "bright, compassionate, personable and motivated individual."

As Ancheta points out, he and Rodriguez, have parallel life paths — they both immigrated to the US as children, earned acceptance to the UCSF School of Medicine, taught elementary school students and volunteered in their communities.

Ancheta came to the US at age nine from Manila, Philippines, with his four brothers and two sisters in 1983. Ancheta says the toughest part about the transition to America was coping with racial tension between Hispanics and Asians. "We had drive-bys and gang fights. I've seen it all."

Guided by his family's influence and his own "strong will power," Ancheta focused on his education — becoming student body president in junior high and class valedictorian in high school. He was awarded a scholarship to attend Occidental College, where he was a leader among his peers. He found time to tutor grade school children in a literacy program for which he was recognized with a "Volunteer of the Year Award."



Mark Ancheta

After graduating magna cum laude with a BA in biology with honors from Occidental, he began volunteering at a Los Angeles County medical center when he "observed the challenges and rewards of being a physician.

"Specifically choosing a career in medicine was a fusion of my desire to help other people in need of health care and my love for the challenge of understanding complex scientific concepts," he says.

Ancheta applied to UCSF because he wanted a to go to a "top-notch medical school."

One of two Filipinos in the Class of 2001, he now sits on the School of Medicine admissions committee screening applications. "Due to the abolition of affirmative action, it makes it even harder for minority students to continue their education after high school," he says. "As a minority medical student, I feel that I not only represent the students from the middle-class community, but I also represent the minority students."

"I'm really proud and happy that I went through all the difficulties and that I'm finally here."

Today, Ancheta tutors first-year students in the Medical Scholars Program, serves as vice president for the student Asian Health Caucus and commutes to LA to see his girlfriend, on top of studying. "I don't think I'm naturally intelligent. I'm just a hard-working individual with a hard work ethic."

(ADMISSIONS FROM PAGE 6)

perception that we have a less welcoming climate. I've heard that from students directly. For a generation we were always considered a haven for diversity. But now some students are worried about coming to California because of Proposition 209."

Some say the Regents' vote to dismantle affirmative action in 1995 and voter approval of the initiative to do the same statewide has had a chilling effect on the numbers of underrepresented minorities who want to attend the University. Overall, applications from underrepresented minorities to UC's five medical schools are down from 3,258 in 1995 to 2,039 this fall.

Drake believes the applicant pool of underrepresented minorities will likely continue to shrink before outreach initiatives for disadvantaged students begin to make it grow.

"We are beginning to see a big change already," Drake says.

UC's medical schools usually draw from the pool of underrepresented undergraduates at UC's other universities, particularly UC Berkeley and UCLA, but those numbers are expected to dwindle too. This is the first year the affirmative action ban applied to undergraduate admissions and a report on enrollment figures is expected to be released by the UC Office of the President next month.

Drake is heartened by the University's big boost in financial support to myriad outreach activities systemwide, but he does not expect to see the fruits of that investment in the near future.

"It was my feeling that a combination of outreach and affirmative action would help maintain reasonable diversity while maintaining reasonable educational opportunity," Drake says. "And as outreach programs matured, then the affirmative action programs would fade."

But Drake says, "The fact that affirmative action programs were abruptly ended is like stopping the relief effort before the famine was relieved."

Drake still finds himself defending goals for diversity among the student population, in part by dispelling the many myths associated with the now defunct affirmative action program. One of the biggest misconceptions, he says, is that merit in medical students can be measured solely by grades and test scores. "This is a concept that was offered as something central to becoming a good doctor and yet no one looks up the MCAT scores when choosing a physician," Drake says. "Scores are one factor among many."

Drake says part of his job is sending a message that UCSF still recognizes, values, and affirms that social diversity contributes richness to the University community and enhances the quality of campus life and health care. "Our goal has always been to get the best possible class and to make the best possible doctors. We will continue to try to do that," he says.

For more information on UC medical school enrollment, see Daybreak at www.ucsf.edu/daybreak.

campus notes

Call for Pacific Rim research proposals

The UC Pacific Rim Research Program is making grants totaling about $800,000 available during the 1999-2000 year to support collaborative research by faculty and their colleagues in other institutions.

The program will also accept proposals from graduate students, who must obtain faculty members to serve as their principal investigator of record. For purposes of this program, the Pacific Rim includes all states and nations that border the Pacific Ocean, including all of Southeast Asia.

Prior campus review is required for proposals in all three award categories: Research Projects, Workshop and Planning Grants, and Campus-Based Program Development. Prospective proposals in all categories should be discussed with Professor Melvin Grumbach at 476-2244 to evaluate the appropriateness to the program.

The deadline to apply is 5 p.m. on Monday, Jan. 4, 1999.

Smith visits surgery department

Robert W. Smith III, the John E. Skandalakis Professor of Surgery, will visit the department of surgery at UCSF as the 1998 Robert W. Binkley Visiting Professor on Oct. 6 and 7.

Smith, head of General Vascular Surgery at Emory University School of Medicine and medical director of Emory University Hospital in Atlanta, Ga, will lead discussions, demonstrate techniques and listen to case presentations. During surgery grand rounds on Thursday morning, he will speak on "Non-atherosclerotic Disorders of the Carotid Artery." Later, he will address the Northern California Vascular Society.

Smith is a member of several professional organizations, including the Joint Commission on Accreditation of Healthcare Organizations.

The Robert W. Binkley Visiting Scholarship was founded in 1991 with a gift from his son, Frederick M. Binkley to honor his father. The scholarship allows distinguished surgeons to teach at UCSF.

Depression screening day is Oct.8

UCSF mental health professionals will hold two depression screenings on Thursday, Oct. 8, at the Langley Porter Psychiatric Institute Auditorium.

The free screenings will begin at 10 a.m. and 1 p.m.

More than 17 million Americans suffer from depressive illness annually, according to the National Institute of Mental Health. The majority of depressed people do not receive treatment because their symptoms either are not recognized, are blamed on personal weakness or are misdiagnosed. The good news is that more than 80 percent of those suffering from depression can be treated successfully, says Laura Deering, registered nurse with the department of psychiatry.

Now in its seventh year, National Depression Screening Day is designed to educate people about depression, destigmatize the illness and bring those suffering from depression into the health care system for evaluation and treatment. For more information, call Deering at 476-7586.

calendar

Oct. 3–16, 1998

3 saturday

LOW VISION FORUM: Come hear a discussion of *Books Aloud, Inc.*, an audio library for the visually and physically disabled of all ages, 11 a.m.-1 p.m., ACC, Parnassus. Free. Call 626-5313.

5 monday

HEALTH POLICY SEMINAR: Anita Stewart presents *Critique: Pathways to Disability Model,* noon-1:30 p.m., Institute for Health Policy Studies (IHPS) Seminar Rm., 1388 Sutter St., 11th floor. Sponsored by the IHPS and the Institute for Health & Aging.

HIV TRENDS: Alan I. Leshner, director, National Institute on Drug Abuse, will speak, 3:30-4:30 p.m., location forthcoming. Leshner will discuss directions and trends for HIV science. Hosted by the AIDS Research Institute.

BUILDING ENERGY: Millberry Programs & Services is offering a class on the Alexander technique, 5-5:55 p.m., MU Fitness Center, Parnassus. Discover how to use your body with less tension and more efficiency and build your energy level. For more information, call 476-1115.

7 wednesday

STUDENT ENRICHMENT: Rod Kempton, manager, development and training, Human Resources, presents *Time Management in Sync With Your Values,* noon, N 217, Parnassus. For more information, call Maureen Conway at 502-2442.

BROWN BAG LECTURE: Stephen B. Hulley, professor and chair, department of epidemiology and biostatistics and center for health and community, presents *Hormones and Heart Attacks,* 12:10-1 p.m., HSW 300, Parnassus. Hear the surprising results of the heart and estrogen/progesterone replacement study. Sponsored by Public Service Programs. Call 476-4394.

CHILD PSYCHOLOGY: Steve Hinshaw, professor of psychology, UC Berkeley, presents *Attention Problems and Aggression in Children: Family, Peer, and Neuropsychological Mechanisms,* 4-5 p.m.. Langley Porter Auditorium, Parnassus. Grand Rounds sponsored by the department of psychiatry.

ENDOUROLOGY SEMINAR SERIES: Marshall L. Stoller presents *Hands on Endourology,* 5-6 p.m., M 464, Parnassus. Sponsored by the department of urology.

ONCOLOGY CONFERENCE: Joseph C. Presti Jr. and Peter R. Caroll present *Surgical Management of Advanced Renal Cell Carcinoma,* 6-7 p.m., M 464, Parnassus. Sponsored by the department of urology.

WINE TASTING: Millberry Programs & Services presents Ken McDonald, wine connoisseur & shop owner, 7-9 p.m., Oct. 7 through Nov. 11 (six classes). Expand your knowledge and appreciation of fine wines from Italy. Participants must be at least 21 years of age. Cost: $80/90/100. For more information, call 476-1115.

8 thursday

ON BRONCHIOLITIS: Eric Simoes, assistant professor, pediatrics, University of Colorado, presents *Bronchiolitis,* 8-9 a.m., HSW 300, Parnassus. Sponsored by the School of Medicine.

DISABILITY INTEREST GROUP SERIES: Uli Schmitz and Judith Smith, both of Axis Dance Company, presents People in Motion: Ways To Move, noon-1 p.m., HSW 300, Parnassus. Produced by PBS, this film is part of a three-part series that takes a fresh look at the disability landscape of the early 90s. Among others, "Ways to Move" features Bay Area modern dance company Axis Dance Company, a collaboration of able-bodied and disabled dancers. For any information or accommodations, please contact Alice Wong at 502-7097.

BUILDING AWARENESS: Learn about the Feldenkrais Method, an innovative approach to developing awareness through movement, 1:10-2:10 p.m., MU Fitness Center, Parnassus. For more information, call 476-1115.

FOOL MOON BENEFIT: The Hospitals Auxiliary of the UCSF Medical Center and UCSF Stanford Health Care present a performance of the American Conservatory Theater's production of *Fool Moon,* 8 p.m., Geary Theater, to benefit patient amenities.

10 saturday

GENE ACTION: The Ellison Medical Foundation sponsors an all-day symposium titled *Evolution of Gene Action in Aging and Senescence,* 8 a.m., Laurel Heights Conference Center, 3333 California St. There is no registration fee, but those planning to attend should notify Dianne Leiker by fax at 476-9570 or email: dleiker@dismail.ucsf.edu by Oct. 5.

12 monday

COMING OUT AT UCSF: The Center for Gender Equity presents *National Coming Out Day at UCSF,* 10 a.m.-2 p.m., Saunders Court, Parnassus. For more information, call 476-5222.

OUT IN THE HEALTH SCIENCES: The Center for Gender Equity presents *Coming Out in the Health Sciences,* noon-1 p.m., Toland Hall, Parnassus. Hear about the struggles and rewards of being gay on the health sciences campus. For more information, call 502-5593.

FOR YOUR EYES ONLY: David Hwang, associate professor, ophthalmology and co-director, cornea and refractive service, UCSF Stanford Health Care, presents *Better Vision Now,* 6 p.m., Beckman Vision Center, 8 Kirkham St. Learn new surgery options for the correction of nearsightedness and astigmatism. Free. For more information, call 476-5021.

13 tuesday

NITROUS OXIDE DANGERS: Edmond Egar, vice chair and professor, department of anesthesia, presents *The Role and Dangers of Nitrous Oxide in Anesthesia,* 8 a.m., C 701, Parnassus.

BURGEONING BIOTECH: A UC Biotech conference titled *Rethinking Graduate Education in the Life Sciences,* will be held all day at the Laurel Heights campus. This conference will bring together leaders from academia, business, and communications to discuss strategies that will prepare students for an ever broadening spectrum of life sciences careers. For more information, visit the UC Biotech website at (www-biotech.berkeley.edu/biotechREP/oct_conf/oct_conf1.html).

14 wednesday

BLOOD DRIVE: Donate blood, 9 a.m.-5 p.m., MU Conference Center, Parnassus. Fantastic raffle prizes! Call 476-6989.

BROWN BAG LECTURE: Virginia L. Ernster, professor and vice chair, department of epidemiology and biostatistics and center for health and community, presents *Breast Cancer: Why the Modern Woman Is at Risk,* 12:10-1 p.m., HSW 300, Parnassus. Sponsored by Public Service Programs. Call 476-4394.

FINDING MEANING IN ILLNESS: Jean Shinoda Bolen presents *Close to the Bone: Life-Threatening Illness and the Search for Meaning,* noon-1 p.m. and book signing, 1-1:30 p.m., C 701, Parnassus. Sponsored by the Center for Gender Equity. For more information, call 476-5222.

ACADEMIC PSYCHIATRY: Gary Tucker, professor of psychiatry, University of Washington, presents *Issues Facing Academic Psychiatry,* 4-5 p.m., Langley Porter Auditorium. Grand Rounds sponsored by the department of psychiatry.

HISTORY OF HEALTH POLICY: Philip R. Lee, professor emeritus of social medicine, School of Medicine, UCSF, and former chancellor, presents *Health Policy: A Fifty Year Perspective,* 8 p.m., S 214, Parnassus. Sponsored by The Bay Area History of Medicine Club.

15 thursday

REGENTS MEET AT UCSF

BROWN BAG LECTURE: Alice Do, certified CPR instructor, presents *Community CPR and First Aid,* noon-1 p.m., Mission Center, Board Rm., 6th floor. Learn how to save lives and ensure the safety of your children and family. Sponsored by Public Service Programs. Call 476-4394.

STUDENT ENRICHMENT: Rev. Donald Green, pastor, San Francisco Christian Center, presents *Death and Dying, an African-American Perspective,* noon, N 217, Parnassus. Get a glimpse into one area of life where cultural knowledge and sensitivity can make a significant difference in communication with patients. For more information, call Maureen Conway at 502-2442.

CHANCELLOR'S CONCERT: SF symphony members present the Inaugural Concert, to be introduced by Dean Haile Debas, 12:15-12:45 p.m., Cole Hall.

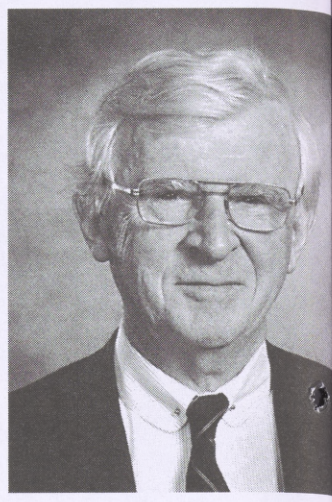
BUILDING AWARENESS: See Oct. 8 listing.

16 friday

MAMMOGRAPHY VAN: The UCSF van offers convenient breast cancer screening, 9 a.m.-3 p.m., UCSF/Lakeshore Plaza, 1501 Sloat Blvd. The exam costs $75 and takes about 20 minutes. Written or verbal approval from a doctor is required. Call 476-2193.

upcoming events

Jean Shinoda Bolen speaks about how "a life-threatening illness has the power to cut through illusions and bring us close to the bone" on Oct. 14. See listing for details.



Professor Emeritus Phil Lee, former chancellor, recaps the history of health policy through his health care career, also on Oct. 14.

Mission Bay meeting

UCSF employees are invited to attend a town hall meeting titled *Building Mission Bay* on Wednesday, Oct. 21, from 12:10 to 1:30 p.m., HSW 300, Parnassus. This is an opportunity to hear the latest building plans for UCSF's new research campus on the city's eastern waterfront. Speakers include Zach W. Hall, vice chancellor for research and Bruce W. Spaulding, vice chancellor for University Advancement and Planning and an architect. This meeting will be broadcast to SFGH's Carr Auditorium, MCB 4th Floor Commons and the UCSF/Mount Zion Executive Board Room.

Climbing UCSF's career ladder

Stella Hsu, assistant vice chancellor, campus auxiliary services; Kathleen Balestreri, director of administrative services, UCSF Stanford Health Care; and Mary Henry, manager, Office of Personnel and Leased Employees will talk about their career paths in a forum on Monday, Oct. 19, from noon to 1:30 p.m., in N 225.There will be a question and answer period afterward and refreshments provided. This event is sponsored by ABOG and the ABOG 1998-99 Mentoree Group.

On mapping DNA

Francis S. Collins, director of the National Human Genome Research Institute at the National Institutes of Health (NIH), presents *Contemplating the Completion of the Human Genome Sequence,* on Monday, Oct. 19 at 2 p.m. in Cole Hall. The Fifth Annual Galante Lecture hosts Collins, who oversees the project to identify and map the sequence of all human DNA. A reception will follow this lecture in the Medical Sciences Building Lobby.

On domestic violence

The Center for Gender Equity presents *Domestic Violence in the Workplace: Silence Equals Violence,* on Tuesday, Oct. 20, from 8:30 a.m. to 4:30 p.m., Laurel Heights. This is UCSF's first conference focused on domestic violence and how it impacts employers and employees in the workplace. Keynote speakers include the Honorable Sheila James Kuehl, speaker pro tempore, California State Assembly (D-Santa Monica), and Bonnie J. Campbell, director of the Violence Against Women Office in the US Department of Justice. Both women are strong voices in the domestic violence movement and have spent many years fighting to eradicate violence in our society. Cost for registration is $45. For more information, call 502-7048.

Breast cancer forum

Leading health care organizations in San Francisco are sponsoring a symposium for breast cancer and integrative medicine titled *Healing Choices/Bridging Communities,* on Saturday, Oct. 24, from 8:30 am. to 4 p.m., Cole Hall, Parnassus. Designed to promote awareness of integrative medicine for breast cancer, this conference is dedicated to journalist Susan Yoachum, who passed away from breast cancer this year.

Registration is $10, which includes a continental breakfast, box lunch and childcare. Scholarships are available. There is seating for only 400 attendees; pre-registration is required. For more information, call 248-1332.

Gender equity talk

The Center for Gender Equity presents Frances K. Conley, chief of staff, neurosurgery at Stanford University and chair of the Stanford University Faculty Senate, who will talk about *Walking Out on Boys Will Be Boys,* on Tuesday, Oct. 27, from noon-1:30 p.m., Cole Hall, Parnassus.

Conley, the first female tenured professor of neurosurgery in the country, submitted her resignation from Stanford University to protest what she says is the medical school's long-ingrained overt gender discrimination. Conley eventually rescinded her resignation after some of the changes for which she had fought so hard were initiated. For more information, call 476-5222.